



Patent Application Number: 10/620,395

Attorney Docket Number: Analog.7042

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Yibeng ZHAO et al.

GROUP: 2819

SERIAL NO: 10/620,395

EXAMINER: A. Tran

FILED: July 16, 2003

CONFIRMATION: 9544

FOR: HIGH POWER, HIGH LINEARITY AND LOW
INSERTION LOSS SINGLE POLE DOUBLE THROW
TRANSMITTER/RECEIVER SWITCH

*Fee
only*

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

RESPONSE UNDER 37 C.F.R. 1.111

In response to the Final Office Action mailed November 24, 2004, the following amendments and remarks are respectfully submitted under 37 C.F.R. 1.111 in connection with the above-identified application.

02/15/2005 SSESHE1 00000050 10620395
01 FC:1202 50.00 OP
02 FC:1201 200.00 OP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10620395

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	21405	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	47	Minus ** 46 = 1
Independent	*	8	Minus *** 5 = 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	395.00
X\$25=	
X 100=	
+ 180=	
TOTAL	

RATE	FEE
BASIC FEE	790.00
X\$50=	
X 200=	
+ 360=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$25=	
X 100=	
+ 180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	500
X 200=	600
+ 360=	
TOTAL ADDIT. FEE	650

RATE	ADDITIONAL FEE
X\$25=	
X 100=	
+ 180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X 200=	
+ 360=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$25=	
X 100=	
+ 180=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$50=	
X 200=	
+ 360=	
TOTAL ADDIT. FEE	